

FILED
08 MAY 27 PM 2:35
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

NAPA STATE Plaintiff,
vs. HOSPITAL STAFF

CASE NO. 06 06 46

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

JF

RAYMOND KING FERNANDES Defendant.

(PR)

I, RAYMON KING FERNANDES declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 SSI disabled \$750.00

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source? NO

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21
 22

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ☒ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) NO

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes X No

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

AGAINST - ALAMEDA COUNTY C-07-0015
U.S. DISTRICT COURT 9TH CIR SAN FRANCISCO

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5-16-2008

DATE

Ray Fernandez

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of RAYMOND K. FERNANDES for the last six months
NAPA STATE HOSPITAL [prisoner name] where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

<p>CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).</p>
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4/11/2008

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9:04:02AM

**TRUST ACCOUNT / CASHIERS' SYSTEM II
LEDGER ACTIVITY FROM 01/01/2008 TO 03/31/2008**

PATIENT NO.: 2073344

WARD NO: Q5

PATIENT NAME: FERNANDEZ, RAYMOND

ADMIT: 12/05/2007

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM- BRANCE	CURRENT BALANCE	COMMENTS
01/05/2008	075550	\$12.50			\$12.50	\$12.50 Receipts
01/10/2008	154989		\$12.50		\$0.00	cl v533
02/04/2008	075609	\$12.50			\$12.50	\$12.50 Receipts
02/07/2008	155154		\$12.50		\$0.00	cl v610
03/05/2008	075697	\$12.50			\$12.50	\$12.50 Receipts
03/10/2008	155380		\$12.50		\$0.00	cl v690
***** CURRENT BALANCE		\$0.00				

PLEASE BE ADVISED THAT EFFECTIVE 4/11/2008 THE TRUST ACCOUNT IN YOUR NAME LOCATED IN THE CASHIERS OFFICE HAS A BALANCE OF \$0.00. THESE FUNDS ARE HELD PURSUANT TO SECTION 7281 OF THE WELFARE AND INSTITUTION CODE FOR YOUR BENEFIT. A STATEMENT SUCH AS THIS WILL BE SENT TO YOU QUARTERLY.